

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044252

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b  
67 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
3117 CAROLINE

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
SAMMIE L. GIBSON

4. DATE OF DEATH  
Month Day Year  
11/14/62

5. SEX  
MALE

6. COLOR OR RACE  
NEGRO

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
8/25/13

9. AGE (last birthday)  
49

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
MOULDER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
STARKSVILLE, MISSISSIPPI, U.S.A.

13a. FATHER'S NAME

MAJOR GIBSON

13b. MOTHER'S MAIDEN NAME

SARAH WOODHOUSE

14. NAME OF HUSBAND OR WIFE

JANIE GIBSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW-II

16. SOCIAL SECURITY NO.

17. INFORMANT

JANIE GIBSON (WIDOW) SEE #2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF LUNG

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 9/8/62 to 11/14/62 and last saw him alive on 11/14/62  
Death occurred at 12:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

11/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

11-21-1962

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL CEMETERY

23d. LOCATION (City, town, or county)

JEFFERSON BKS. MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

ELLIS FUNERAL HOME- 2820 STODDARD ST.

25. DATE RECD. BY LOCAL REG.

NOV 17 1962

REGISTRAR'S SIGNATURE

Boad Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

DATE AMENDED

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Julian E. Parker*

Licensed Embalmer No. 4148

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.